### **ENVIRONMENTAL PROTECTION AGENCY**

### GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

### I. NON-REGULATED STATUS

Complete this section <u>only</u> if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the <u>one</u> code at right that best describes your status during the entire year (see instructions for

- Non-handler
- 2 Small Quantity Generator
- 4 Exempt

explanation of codes).	5 Beneficial Use 9 Closed
Please print/type with elite type (12 characters per inch)  This	Installation's Non-Regulated Status is Expected to Apply:
II. GENERATOR'S EPA I.D. NUMBER	☐ For 1983 Only ☐ Permanently
TIAC	
	Other
FM N D 0 9 2 3 0 4 8 5 6  1 1 2 13 14 15	
	C303 ENTRY (OFFICIAL USE ONLY):
III. NAME OF INSTALLATION	
IFIRIA IN IVIT IT IN I IMIA IN III IFIA ICITIII DITINICI	ICIOIMIDIAINIVI I I I I I I I I I I
[F R A N K L I N   M A N U F A C T U R I N G  30	69
IV. INSTALLATION MAILING ADDRESS	
[3 7 0 1   3 3 r d   A v e n u e   N o r t h	
15 16	45
Street or P.O. Box	la l
4 S t .  C 1 o u d	M N 5 6 3 0 1 41 42 47 51
City or Town	State Zip Code
V. LOCATION OF INSTALLATION (if different than section IV ab	ove)
5	
15 16 Street or Route number	45
[6]	41 42 47 51
City or Town	State Zip Code
VI. INSTALLATION CONTACT	
2 C 1 u t e   R i c h a r d	
15 16 Name (last and first)	45
46 55	
Phone No. (area code & no.)	
VII. CERTIFICATION	
I certify under penalty of law that I have personally examined and am familiar with documents, and that based on my inquiry of those individuals immediately responsi	
submitted information is true, accurate, and complete. I am aware that there are sig	(18 ) 맞는 사람들은 사람들은 사람들은 사람들이 되었다면서 보고 있었다. 그는 사람들이 아니는 사람들이 되었다면서 보고 있다면 사람들이 되었다면서 보고 있다면서 보고 있다면
including the possibility of fine and imprisonment.	
Warren L. Hull V. P. of Mfg.	new 7 Kpice 2/23/84
	ized Representative Date Signed

EPA Form 8700-13A(5-80) (Revised 11-83)

Print/Type Name

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: Rec'd by:	
VIII. GENERATOR'S EPA I.D. NO.	514 520 520 530 530 530 530 530 530 530 530 530 53
6 M N D 0 9 2 3 0 4 8 5 6 1 1 2 13 14 15	200 200 200 200 200 200 200 200 200 200

X. FACILITY'S EPA I.D. NO.

W|I|D|9|9|0|8|2|9|4|7|5|

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Waste Research & Reclamation

XI. FACILITY ADDRESS

Route 7 Eau Claire, WI 54701

XII. TRANSPORTATION SERVICES USED

Waste Research & Reclamation

WID990829475

ajjo et sasati					
XIII. WA	STE IDENTIFICATION	<b>⊢</b>			t of re
	* L	B. DOT Hazard code	C. EPA Hazardous Waste No.		E. Unit of Measure
Sequence #	A. Description of Waste	<u>E E G</u>	(see instructions)	D. Amount of Waste	<u> </u>
29 32	Methylene Chloride	1   3 33   34	F   O   O   Z                   35   38   39   42       43   46   47   50	2 	P 60
	Flammable Paint Solvent	ŀ	$D_1O_1O_11$		i
	Containing Toluene & Xylene	0   8		3,4,0,0,0	P
	Cleaning Solvent Containing		$D_{\parallel}0_{\parallel}0_{\parallel}1_{\parallel}$	_]	
	Mineral Spirits	$0_11$			P
4	4			-	
	5	1			
	5				
	7			-	
	3				
		<u> </u>			
	$\Theta$				
	0				
	1				
	1	<u> </u>			
= 11	2				
	<u> </u>				

XIV. COMMENTS (enter information by section number-see instructions)

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec	d:Rec'd by:	
VIII. GE	NERATOR'S EPA I.D. NO.	3
G M N	D 0 9 2 3 0 4 8 5 6  1	
1 2	13 14 15	

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

XI. FACILITY ADDRESS

X. FACILITY'S EPA I.D. NO.

949948							
F	1	1	1	ĺ		]	
16							28

XII. TRANSPORTATION SERVICES USED

I VIII WAS											(Barra)	And Simil		1000		7.
XIII. WAS	TE IDENTIFICATION	Ď.	D 40		C. EP				ı							Unit of
Seguence # -	A. Description of Waste	В. П	Hazard		(see	inst	e No ructi			D. ,	Amo	ount	of '	Was	te	E. Unit of Measure
1 29 32 1	Methylene Chloride	l	3	F 35	0 0	38 46	1	42 50					12	ر5 ر	0+0 59	
2	Flammable Paint Solvent Containing Toluene & Xylene	0		D_	0 0	1				ı	1	1	12	101	0+0	P
3													1_			
4													ı			
5						 					1				1	
6						<u> </u>							ı	1 1	1	
7			1			1					ı	1	ı			
8						<u>.</u>	L			1		ı	1.	l 1		
b						L					<u>'</u>		,	i	1	
10			1			<u></u>				1	1	<del></del>		1 1	1	
11			1									-	1			
12			1			1				-	ì		1			

XIV. COMMENTS (enter information by section number—see instructions)

> 1983 Generated - Stored On-Site less than 90 Days as of December 31, 1983.

### **ENVIRONMENTAL PROTECTION AGENCY**

## FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

	I. NON-REGULATED STATUS Explain your non-regulated status in the space below.
	See instructions before completing this section.
	This facility did not treat, store, or dispose of
	regulated quantities of hazardous waste at any
	time during 1983
P	lease print/type with elite type (12 characters per inch)
	II. FACILITY EPA I.D. NUMBER  This Facility's Non-Regulated Status is Expected to Apply:
	T/A C For 1983 Only Permanently
	F   M   N   D   0   9   2   3   0   4   8   5   6   1   1
-	1 2 13 14 15 11 12 13 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	C303 ENTRY (OFFICIAL USE ONLY):
	III. NAME OF FACILITY
	F   R   A   N   K   L   I   N   M   A   N   U   F   A   C   T   U   R   I   N   G     C   O   M   P   A   N   Y
	30 69
	IV. FACILITY MAILING ADDRESS
	3 7 0 1 3 3 r d Avenue North
	15 16
	Street or P.O. Box
	15 16   C   1   O   u   d
	City or Town State Zip Code
	V. LOCATION OF FACILITY (if different than section IV above)
	15 16 45
	Street or Route number
	15 16 41 42 47 51
	15 16 City or Town State Zip Code
	VI. FACILITY CONTACT
	2 C 1 u t e R i c h a r d
	15 16 Name (last and first)
	VII. COST ESTIMATES FOR FACILITIES
	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	46 55 16 19 22 25 28 31
	Phone No. (area code & no.)  A. Cost Estimate for Facility Closure  B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)
1	VIII. CERTIFICATION
	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the
	submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information,
	including the possibility of fine and imprisonment.

Signature of Authorized Representative

EPA Form 8700-13B(5-80) (Revised 11-83)

Warren L. Hull

Print/Type Name

V. P. of Mfg.

Date Signed

## Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calend	This report is for the calendar year ending December 31, 1963.								
Date rec'd: Rec'd by:	XI. GENERATOR NAME (specify generator from								
IX. FACILITY'S EPA I.D. NO.	whom all wastes on this page were received) Franklin Manufacturing Company								
I/A C	ON-SITE 🗵								
F   M   N   D   O   9   2   3   O   4   8   5   6   1   1   1   1   1   1   1   1   1	VII CEMEDATOR ADDRECC								
	XII. GENERATOR ADDRESS								
X. GENERATOR'S EPA I.D. NO.									
G M N D 0 9 2 3 0 4 8 5 6									
16 28									
XIII. TOTAL WASTE IN STORAGE ON DECEMBER 3	1, 1983 (complete this section only once for your facility)								
S01 L     1   1   8   1   0   0   LP   S02 L       AMOUNT OF WASTE UOM AMOUNT									
S04 L I I I I I I I I I I I I I I I I I I	S05 AMOUNT OF WASTE UOM								
XIV. WASTE IDENTIFICATION	B. EPA Hazardous   C.								
equence # = A. Description of Waste	Waste No. Handling								
A. Description of waste	U 2 2 3 1 1 1								
Toluene Diisocyanate	33 36 37 40 S 0 1								
	U  2  2  9								
2 Urethane Resin Containing Trichlorofluoromethane	U <sub>1</sub> O <sub>1</sub> 2 <sub>1</sub> 8   1   1   1   1   1   1   1   1   1								
Bis(2-Ethylhexyl)Phthalate	0 0 2 8								
4 Corrosive Urethane Foam	D <sub>1</sub> O <sub>1</sub> O <sub>2</sub> O <sub>3</sub> O <sub>4</sub> O <sub>5</sub>								
from Acid Equipment Cleaning	S 0 1 1 3 0 0 0 P								
1 1 5									
6									
7									
8									
9									
10									
11									
12									
XV COMMENTS (enter information by section number—see instructions)									

MINNESOTA POLLUTION CONTROL AGENCY FRANKLIN MEG. CO. Hazardous Waste Disclosure Unit ST. CLOUD MN0092304556



Annual Report Form for Generation of Hazardous Waste Calendar Year 1985

**************************************	This space is provided for explanations, corrections, and additions, if necessary.
MND092304856 FRANKLIN MFG. CO.	
701 - 33RD AVENUE NORTH ST. CLOUD MN 56301 ************************************	
FRANKLIN MFG. CO.	
701 - 33RD AVENUE NORTH ST. CLOUD ************************************	ENV. ENG. SUPERVISOR
RICHARD B. CLUTE (612) 253-1212	Environmental Engineering Supervisor
( ) -	*
Principal Products or Services Provided CERTIFICATION	Fill In: Freezers
I certify under penalty of law that I have familiar with the information submitted in and that based on my inquiry of those indiv for obtaining the information, I believe th true, accurate, and complete. I am aware th penalties for submitting false information, fine and imprisonment.	this and all attached documents, iduals immediately responsible at the submitted information is at there are significant
Name (please print) Richard B. Clute	
Signature Du OSClus	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Date 2/26/86	TH6 3/17/06

	Waste Management F.AMMLIN MFG. CO. (Details on each individual waste)		MND092304856
, .	If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.		This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	************		*******
1	Inventory Number: H2 Waste Code: D001	×	
2	Waste Name: PAINI_SOLVENT_TOLUENEZ_XYLENE	x	******
3	Type: liquid not mixed	×	
4	Annual amount you provided on your disclosure or last annual report: 3575.00 GA		
	Amount produced in 1985:		Fill In: (21.45 GA
5	Date first ever produced: disclosure currently shows		Check One Please  X Before 7/1/83  Between 7/1/83 and 2/5/84  Between 2/5/84 and 1/1/85  After 1/1/85
6	Number of shipments per year Projected on disclosure 4 Actual number of shipments in 1985		Fill Id:4
6 a	Do you plan to ship this waste in 1986:		Check One Please x Yes _ No _ Unknown
7	Off-Site Transporter Name WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475	×	Transporter:
	Facility Name WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475	x	Facility:
8	Management Method Recycle/Benefical Use	<b>x</b>	

TH6 3/17/86

	·		$x \in F$	
	Waste Management FRLC IN MFG. CO. (Details on each individual waste)		(ND092304856	
			This column is provided for explanations, corrections, and	
	If information in this column is correct,		additions, if necessary. If the information in the column	
	leave it as is. If it is incorrect or missing, cross it out and supply the		at the left is correct, place a "X" in the center column	
	correct information in the next column.		next to that item.	
	*************		********	
1	Inventory Number: H9 Waste Code: D001	X		
2	Waste Name: SQLVENI_DEGREASING_NONHAL_MINSPIRITS	~	,	
ζ.	Type: liquid not mixed	×		
,	Type. IIddia not mixed	^	`	
	-		*********************	
*	Annual amount you provided on your disclosure or last annual report: 110.00 GA	ŧ.		
	Amount produced in 1985:		Fill In: 165 (A.	
	Amount produced In 1969.		-111 In: _105 Jn.	
			**************************************	
5	Date first ever produced:		Check One Please	
	disclosure currently shows		X Before 7/1/83 _ Between 7/1/83 and 2/5/84	
			Between 2/5/84 and 1/1/85 After 1/1/85	
•	Number of shipments per year Projected on disclosure 2			
	Actual number of shipments in 1985		Fill In: $(3)$	
. =	Do you plan to ship this waste in 1986:			ŧ
a	no you bran to surb fully maste in 1980:		Check One Please X Yes _ No _ Unknown	
,	Off-Site Transporter Name	-	· ·	
-	WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475	x	Transporter:	
			ENY ID:	
	Facility Name WASTE RESEARCH & RECLAMATION CO. EPA ID#	х	Facility:	
	WID990829475		EPA-ID:	
i	Management Method Recycle/Benefical Use	x		

THE 3/17/86.

	Waste Management FRANÇLIN MEG. CO.	MND092304856
	(Details on each individual waste)	This column is provided for explanations, corrections, and
	If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.	additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	**********	*******
	Inventory Number: 07 Waste Code:	K
2	Waste Name: QIL_LUBE_WASIE_T_NO_FEE	X
5	Type: liquid not mixed	X
٠	Annual amount you provided on your disclosure or last annual report: 3670.00 GA	
	Amount produced in 1985:	Fill In (3978 GA).
, )	Date first ever produced:	Check One Please
	disclosure currently shows	X Before 7/1/83 _ Between 7/1/83 and 2/5/84 _ Between 2/5/84 and 1/1/85 _ After 1/1/85
ó	Number of shipments per year Projected on disclosure 4 Actual number of shipments in 1985	Fill In:1
бa	Do you plan to ship this waste in 1986:	Check One Please  X Yes _ No _ Unknown
7	Off-Site Transporter Name SOLV-OIL SERVICE AND SUPPLY CO. EPA ID# MND000685941	Transporter: Bert's Drain Oil Service EPA ID: MN1280011875
	Facility Name BURNED AS FUEL EPA ID# EXFUEL	Facility: Warden Oil Company EPA ID: MND006211692
		10. (100000211032_)
}	Management Method Burning for Euol	Recycle/Beneficial Use
	•	-1
		Tu6 3-17-86

	Waste Management FRAMILIN MFG. CO. (Details on each individual waste)		MND092304856
	If information in this column is correct leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.	,	This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	********	*	*******
1	Inventory Number: 08 Waste Code:	х	~~ <u>~</u>
2	Waste Name: QIL_SPILLAGE	×	***************************************
3	Type: sludge not mixed	х	
4	Annual amount you provided on your disclosure or last annual report: 0.00 LB	i.	
	Amount produced in 1985:		Fill In: Unknown
5	Date first ever produced: disclosure currently shows		Check One Please  X Before 7/1/83  Between 7/1/83 and 2/5/84  Between 2/5/84 and 1/1/85  After 1/1/85
6	Disclosure indicates unpredictable		Review and explain changes.
	shipment schedule Did you ship this waste in 1985		Check One Please. x Yes _ No
6а	Do you plan to ship this waste in 1986:		Check One Please X Yes _ No _ Unknown
7	Off-Site Transporter Name		Transporter:
	EPA ID# FFF		EPA 10:
	Facility Name		Facility:
	EPA ID#		EPA ID:
8	Management Method Land Disposal (Landfill)	х	

.....

∰. . . . .

	Waste Management FRA' LIN MFG. CO. (Details on each individual waste)		MND092304856
	If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.		This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	************		********
1	Inventory Number: H10 Waste Code: F002	х	
2	Waste Name FOAM HAL METHYLENE CHLORID	×	~
3	Type: liquid not mixed	×	
,	Xanual sacurat van annuidad		
4	Annual amount you provided on your disclosure or last annual report: 7865.00 GA		
	Amount produced in 1985:		Fill In: (7205 GA).
_			
5	Date first ever produced: disclosure currently shows		Check One Please     X
6	Number of shipments per year Projected on disclosure 4 Actual number of shipments in 1985		Fill In: 4
6 a	Do you plan to ship this waste in 1986:		Check One Please X Yes _ No _ Unknown
7	Off-Site Transporter Name WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475	<.	Transporter:
	Facility Name WASTE RESEARCH & RECLAMATION CO. × EPA ID# WID990829475	(	Facility:
8	Management Method Recycle/Benefical Use		**************************************
		3	

	TH6 3-17-86		
3	Management Method Recycle/Benefical Use x		
	Facility Name WASTE RESEARCH & RECLAMATION CO. × EPA ID# WID990829475	【	Facility:
7 -	Off-Site Transporter Name WASTE RESEARCH & RECLAMATION CO. X EPA ID# WID990829475	ζ.	Transporter:
бa	Do you plan to ship this waste in 1986:		Check One Please X Yes _ No _ Unknown
5	Number of shipments per year Projected on disclosure 4 Actual number of shipments in 1985		Fill In: 2
5	Date first ever produced: disclosure currently shows		Check One Please     X Before 7/1/83     _ Between 7/1/83 and 2/5/84     _ Between 2/5/84 and 1/1/85     _ After 1/1/85
	Amount produced in 1985:		Fill In: (110 G/A.
4	Annual amount you provided on your disclosure or last annual report: 55.00 GA		
3	Type: liquid not mixed	X	
2	Waste Name: MOLD_STRIPPER_SOLVENI	х	
1	Inventory Number: H11 Waste Code: F002	х	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	********		********
	If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.		This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	Waste Management FRANKLIN MFG. CO. (Details on each individual waste)		MND092304856

	Waste Management FRA LIN MFG. CO. (Details on each individual waste)		MND092304856
			This column is provided for explanations, corrections, and additions, if necessary. If
	If information in this column is correct, leave it as is. If it is incorrect or		the information in the column at the left is correct, place
	missing, cross it out and supply the correct information in the next column.		a "X" in the center column next to that item.
	*********		*******
1	Inventory Number: H14 Waste Code: D007	х	
2	Waste Name: BONDERITE_PARCOLENE_60	×	** ** * * * * * * * * * * * * * * * * *
3	Type: liquid not mixed	х	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4	Annual amount you provided on your disclosure or last annual report: 86000.00 GA		
	Amount produced in 1985:		Fill In: (76,000)
	•		
5	Data diant sure mundurada		
כ	Date first ever produced: disclosure currently shows		Check One Please.  X Before 7/1/83  _ Between 7/1/83 and 2/5/84  _ Between 2/5/84 and 1/1/85  _ After 1/1/85
6	Disclosure indicates less than one shipment per year		Review and explain changes.
	Did you ship this waste in 1985		Check One Please. _ Yes X No
6 a	Do you plan to ship this waste in 1986:		Check One Please Yes X No Unknown
7			Transporter:
			EPA ID:
		,	Facility:
			EPA TO:
8	On-Site Management Method Sewered without Treatment		
	sewered without in eathern	K.	
	la l	186	
	3(1)	•	

	Waste Management FRALIN MFG. CO. (Details on each individual waste)		MND092304856
	If information in this column is correleave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column		This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	*********	***	******
1	Inventory Number: H15 Waste Code: 44	<del>401</del>	U223
2	Waste Name:	×	
3	Type: sludge not mixed	×	
			***************************************
<b>4</b>	Annual amount you provided on your disclosure or last annual report: 770.00 GA		
	Amount produced in 1985:		Fill In: (-0-)
5	Date first ever produced: disclosure currently shows		Check One Please X Before 7/1/83 Between 7/1/83 and 2/5/84 Between 2/5/84 and 1/1/85 After 1/1/85
6	Number of shipments per year Projected on disclosure 4 Actual number of shipments in 1985		Fill In: 2
6 a	Do you plan to ship this waste in 1986		Check One Please X Yes _ No _ Unknown
7	Off-Site Transporter Name WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475	×	Transporter:
	Facility Name ROLLINS ENVIRONMENTAL SERVICES, INC.	· <b>x</b>	Facility:
	EPA ID# LAD010395127		EPA ID:
8	Management Method Incineration/Thermal Treatment	x	
	746-15	7/86	*****************************

	Waste Management FRAMKLIN MFG. CO. (Details on each individual waste)		MND092304856
	If information in this column is correctleave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.		This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	******	(1)	)*******************
1	Inventory Number: H16 Waste Code	-	
2	Waste Name: <u>SQLY HAL</u> CHLOROIRIELUOROMEIHANE	. ~	
3	Type: liquid not mixed	×	(
4	Annual amount you provided on your disclosure or last annual report: 2035.00 GA	i.	
	Amount produced in 1985:		Fill In: 1635 6A.
_			
5	Date first ever produced: disclosure currently shows		Check One Please  X Before 7/1/83  _ Between 7/1/83 and 2/5/84  _ Between 2/5/84 and 1/1/85  _ After 1/1/85
6	Number of shipments per year Projected on disclosúre 4 Actual number of shipments in 1985		Fill In: 2
6 a	Do you plan to ship this waste in 1986:		Check One Please X Yes _ No _ Unknown
7	Off-Site Transporter Name WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475	×	Transporter:
	Facility Name ROLLINS ENVIRONMENTAL SERVICES, INC. EPA ID# LADO10395127	x	Facility:
8	Management Method Incineration/Thermal Treatment	x	
	M6 306		

	Waste Management FrAkLIN MFG. CO. (Details on each individual waste)		MND092304856
	If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.		This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	***********		*****************
1	Inventory Number: H17 Waste Code: D002	X	******************
2	Wasta Name: MOLD STRIPPER SOLIDS	x	
3	Type: solid not mixed	×	
4	Annual amount you provided on your disclosure or last annual report: 500.00 L8		
	Amount produced in 1985:		Fill In: (182 bs.
5	Date first ever produced: disclosure currently shows		Check One Please X Before 7/1/83 Between 7/1/83 and 2/5/84 Between 2/5/84 and 1/1/85 After 1/1/85
6	Number of shipments per year Projected on disclosure 4 Actual number of shipments in 1985		Fill In: (1)
6a	Do you plan to ship this waste in 1986:		Check One Please X Yes _ No _ Unknown
7	Off-Site Transporter Name WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475	× .	Transporter:
	Facility Name ROLLINS ENVIRONMENTAL SERVICES, INC. EPA ID# LAD010395127	Κ	Facility:EPATID:
8	Management Method Unknown		Incineration
	716 3-17	<b>2</b> 6	

`	Waste Management rkm.KLIN MFG. CO. (Details on each individual waste)		MND092304856
	If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.		This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	***********		*******
1	Inventory Number: H19 Waste Code: MN03	X	
2	Waste Name: PCB_TRANSFORMERS	×	***********************************
3	Type: liquid not mixed	х	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4	Annual amount you provided on your disclosure or last annual report:  0.00 GA		
	Amount produced in 1985:		Fill In: -0-
			***************************************
5	Date first ever produced: disclosure currently shows	-	Check One Please     X Before 7/1/83     _ Between 7/1/83 and 2/5/84     _ Between 2/5/84 and 1/1/85     _ After 1/1/85
6	Disclosure indicates unpredictable	٠,	Review and explain changes.
	shipment schedule Did you ship this waste in 1985		Check One Please. Yes x No
6'a	Do you plan to ship this waste in 1986:		Check One Please Yes _ No _x Unknown
7	Off-Site Transporter Name HIGH VOLTAGE MAINTENANCE CORP. EPA ID# WIDO60445418		Transporter: Electric Equipmen Service Corp EPA ID: MND980704811
	Facility Name ROLLINS ENVIRONMENTAL SERVICES		Facility: Energy Systems Co.
	EPA ID# TXD055141378		EPA 10: _ARD990870149 )
8	Management Method Incineration/Thermal Treatment	x	
	3(17/86		

	Waste Management FRA. LIN MFG. CO. (Details on each individual waste)	MND092304856
	If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.	This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.
	********	********
1	Inventory Number: H20 Waste Code: MNO3	×
2	Waste Name: PCB_CAPACIIORS	X
3.	Type: solid not mixed	X
		***************************************
4	"Annual amount you provided on your disclosure or last annual report: 0.00 LB	
	Amount produced in 1985:	Fill In: 490 lbs
5	Date first ever produced: disclosure currently shows	Check One Please  X Before 7/1/83  _ Between 7/1/83 and 2/5/84  _ Between 2/5/84 and 1/1/85  _ After 1/1/85
6	Disclosure indicates unpredictable shipment schedule Did you ship this waste in 1985	Review and explain changes.  Check One Please.  x Yes _ No
6a	Do you plan to ship this waste in 1986:	Check One Please _ Yes _ No _x Unknown
7	Off-Site Transporter Name WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475	Transporter: Electric Equipmen Service Corp EPA ID: MND980704811
	Facility Name ROLLINS ENVIRONMENTAL SERVICES EPA ID#	Facility: Energy Systems Co.
	TXD055141378	EPA ID: (ARD990878149)
8	Management Method Incineration/Thermal Treatment x	
	716-17-8	6

			· · · · · · · · · · · · · · · · · · ·
	Waste Management rak ALIN MFG. CO. (Details on each individual waste)		MND092304856
			This column is provided for explanations, corrections, and additions, if necessary. If
	If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.		the information in the column at the left is correct, place a "X" in the center column next to that item.
	************		*******
1	Inventory Number: H21 Waste Code: D003	х	
2	Waste Name: DIPHENYLMETHANE DIISOCYANATE (MDI)	x	
3	Type: liquid not mixed	×	
4	"Annual amount you provided on your disclosure or last annual report: 500.00 GA		
	Amount produced in 1985:		Fill In: 1320 GA.
5	Date first ever produced:		Charle One Oleman
	disclosure currently shows	•	Check One Please Before 7/1/83 Setween 7/1/83 and 2/5/84 Between 2/5/84 and 1/1/85 X After 1/1/85
5	Number of shipments per year Projected on disclosure 4 Actual number of shipments in 1985		Fill In: 2
бa	Do you plan to ship this waste in 1986:		Check One Please X Yes _ No _ Unknown
7	Off-Site Transporter Name WASTE RESEARCH & RECLAMATION CO. EPA ID# WID990829475	×	Transporter:
!	Facility Name ROLLINS ENVIRONMENTAL SERVICES, INC.	X.	Facility:
	EPA ID# LAD010395127		EPA ID:
3	Management Method		
	Management Method Incineration/Thermal Treatment	×	
	TU6 26		

• , '	Waste Management rRALKLIN MFG. CO. (Details on each individual waste)	MND092304856
	If information in this column is correct, leave it as is. If it is incorrect or	This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place
	missing, cross it out and supply the correct information in the next column.	a "X" in the center column next to that item.
	*********	**************************************
1	Inventory Number: <del>H21</del> Waste Code: D002	
2	Waste Name: AMMONIUM HYDROXIDE x	
3	Type: liquid not mixed x	
4	Annual amount you provided on your disclosure or last annual report:  0.00 GA	
	Amount produced in 1985:	Fill In: (10 GA).
5	Date first ever produced: disclosure currently shows	Check One Please.  Before 7/1/83  Between 7/1/83 and 2/5/84  Between 2/5/84 and 1/1/85  X After 1/1/85
6	Disclosure indicates a one-time only shipment	Review and explain changes.
	Did you ship this waste in 1985	Check One Please. x Yes _ No
6 a	Do you plan to ship this waste in 1986:	Check One Please _ Yes _X No _ Unknown
7	Off-Site Transporter Name AQUA-TECH, INC PORT WASHINGTON, WISC. EPA ID# WID066888017	× Transporter:
	Facility Name	Facility: Michigan Disposal
	EPA ID#	EPATIO:MIDOOOZZ4831
8	Management Method Treatment Prior to Land Disposal	×
	n6 386	

### ENVIRONMENTAL PROTECTION .EN.

### FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS	Explain your non-regulated status in the space below.
See instructions before completing this section.	
This facility <u>did not</u> treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983	
Please print/type with elite type (12 characters per inch)	
II. FACILITY EPA I.D. NUMBER    F   M   N   D   0   9   2   3   0   4   8   5   6   4   1	This Facility's Non-Regulated Status is Expected to Apply:  For 1983 Only Permanently  Other (explain in comment section)  C303 ENTRY (OFFICIAL USE ONLY):
F   R   A   N   K   L   I   N     M   A   N   U   F   A   C   T   U   R     30	ING COMPANY
IV. FACILITY MAILING ADDRESS	
3   7   0   1     3   3   r   d     A   v   e   n   u   e     N   o   15   16   Street or P.O. Box   4   S   t   .       C   1   o   u   d	x t h 45 M N 5 6 3 0 1 41 42 47 State Zip Code
V. LOCATION OF FACILITY (if different than section I	V above)
5	45
6   15 16   City or Town	41 42 47 51 State Zip Code
\[ \begin{array}{c c c c c c c c c c c c c c c c c c c	MATES FOR FACILITIES  19 16 12 10 10 10 10 10 10 10 10 10 10 10 10 10
VIII. CERTIFICATION  I certify under penalty of law that I have personally examined and ar documents, and that based on my inquiry of those individuals immed submitted information is true, accurate, and complete. I am aware the including the possibility of fine and imprisonment.  Warren I. Hull V. P. of MER.	fiately responsible for obtaining the information, I believe that the

Signature of Authorized Representative

Title

Print/Type Name

Date Signed

### IVIRONMENTAL PROTECTION A NC

## Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec	'd:	Rec'd by:			XI.	GENEI	RATO	OR N	IAMI	E (spe	cify g	gener	ator	from		
IX. FA	CI	LITY'S EPA I.D. NO.				whom a Frank							omp	any		4
[F] M	N	D  0  9  2  3  0  4  8  5  6    1											(	DN-ŠIT	EX	]
1 2		13 14 15			XII	. GENE	RAT	OR	ADD	RESS	;					
X. GEN	١E	RATOR'S EPA I.D. NO.	Saw William													
G M 1	N	DI 01 91 21 31 01 41 81 51 61 28														
XIII. T S01 ∟	OT L A	AL WASTE IN STORAGE ON DECEMB        1   18   1   0   0   1P   S02   1    MOUNT OF WASTE UOM S04   1   1   1   1   1   1   1   1   1	ER 31, 19 AMOUNT C	OF W	(com L AST 5 L	L E	UOM	S(	)3 ∟	AMO		I I T OF		1 1		UOM
XIV. W	AS #	TE IDENTIFICATION	100 100	D E	DA I	Hazardo									50	Unit of asure
Sequence #	6	A. Description of Waste		1	Was	nazaroo te No. truction	/	Han	J. dling thod	D.	. Am	ount	of '	Waste	4	E. Unit Measure
29 32	1	Toluene Diisocyanate	33 41	121	.11	37	40	S 10	1 <u>1</u> 51	52		1	3	6  0	0 60	P 61
	2	Urethane Resin Containing Trichlorofluoromethane	U	2	2 9		-	S 10		/	1 1	.6	8	5 10	0	P 🕹
	3	Bis(2-Ethylhexyl)Phthalate	U	0	2  8		21	S 10	V	/	. 1	-	.3 .	0 0 1	0	P
	4	Corrosive Urethane Foam from Acid Equipment Cleanin	D <sub>1</sub>	0	0 2				1					0 0 0		P /
	5	* *							-				19	9 0		
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XV. COMMENTS (enter information by section number-see instructions)

Tear out here

MND092304856 Franklin Manufacturing Company

# OK

### ERROR CHECKLIST

	FACI	LITY REPORT - I.D. #	
()	I.	NON-REGULATED STATUS	
()	II.	FACILITY EPA I.D. NUMBER	
()	III.	NAME OF FACILITY	
()	IV.	FACILITY MAILING ADDRESS	
()	٧.	LOCATION OF FACILITY	1
()	VI.	FACILITY CONTACT	*
( )	VII.	COST ESTIMATES FOR FACILITY	IES
()	VIII.	SIGNATURE CERTIFICATION	
()	IX.	FACILITY'S EPA I.D. NO.	
( )	X.	GENERATOR'S EPA I.D. NO.	
( )	XII.	GENERATOR ADDRESS	
( )	XIII.	TOTAL WASTE IN STORAGE	
( )	XIV.	WASTE IDENTIFICATION	1
	()	A. DESCRIPTION OF WASTE	
	()	B. EPA HAZ WASTE NO.	į
	( )	C. HANDLING METHOD	1
	( )	D. AMOUNT OF WASTE	
	( )	E. UNIT OF MEASURE	
()	XIV	. COMMENTS	
()	NO E	RRORS	
CO	MMENTS	<u>:</u>	
	18		i
PERS			
	DATE		
	TIME		
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CUNI	/ERSATI	UN	,
-			FC.

CALLER'S INITIALS

### ERROR CHECKLIST

GENERATOR REPORT - 1.D. #
( -) I. NON-REGULATED STATUS
( ) II. GENERATOR'S EPA I.D. NUMBER
( ) III. NAME OF INSTALLATION
IV. INSTALLATION MAILING ADDRESS
V. LOCATION OF INSTALLATION
( ) VI. INSTALLATION CONTACT
( ) VII. SIGNATURE CERTIFICATION
( ) VIII. GENERATOR'S EPA I.D. NO.
( ) IX. FACILITY NAME
( ) X. FACILITY'S EPA I.D. NO.
( ) XI. FACILITY ADDRESS
( ) XII. TRANSPORTATION SERVICES USED
( ) XIII. WASTE IDENTIFICATION
( ) A. DESCRIPTION OF WASTE
( ) B. DOT HAZARD CODE
( ) C. EPA HAZ WASTE NO.
( ) D. AMOUNT OF WASTE
( ) E. UNIT OF MEASURE
( ) XIV. COMMENTS ( ) NO ERRORS  COMMENTS:
€.
3
PERSON CONTACTED
DATE
TIME
RESULT OF CONVERSATION
CALLER'S INITIALS

### ENVIRONMENTAL PROTECTION ALENCA

### GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

### I. NON-REGULATED STATUS

Tear out here

Complete this section <u>only</u> if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the <u>one</u> code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)  This Installar	tion's Non-Regulated Status is Expected to Apply:
II. GENERATOR'S EPA I.D. NUMBER	For 1983 Only
T/AC / TS)	0.1
F M N D 0 9 2 3 0 4 8 5 6 1  1 2 13 14 15	Other
V (	C303 ENTRY (OFFICIAL USE ONLY):
III. NAME OF INSTALLATION	
F   R   A   N   K   L   I   N       M   A   N   U   F   A   C   T   U   R   I   N   G     C   O   ]	M P A N Y
IV. INSTALLATION MAILING ADDRESS	
$\frac{ 3 7 0 1 }{15 16}$ $\frac{ 3 3 r d }{15 16}$ $\frac{ A v e n u e }{ N o r t h }$	45
Street or P.O. Box	
[4 S t .  C 1 o u d	M N 5 6 3 0 1   41 42 47 51
City or Town	State Zip Code
	(14) (2 - 150) - 16 (15) - 16 (15) - 16 (15) - 16 (15) - 16 (15) - 16 (15) - 16 (15) - 16 (15) - 16 (15) - 16
V. LOCATION OF INSTALLATION (if different than section IV above)	
15 16	45
Street or Route number	**
[6]	41 42 47 51
City or Town	State Zip Code
VI. INSTALLATION CONTACT	
[2 C 1 u t e   R i c h a r d	
15 16 Name (last and first)	45
[6 1 2 - 2 5 3 - 1 2 1 2	
46 55 Phone No. (area code & no.)	
VII. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the infor	
documents, and that based on my inquiry of those individuals immediately responsible for of submitted information is true, accurate, and complete. I am aware that there are significant p	otaining the information, I believe that the
including the possibility of fine and imprisonment.	1

Signature of Authorized Representative

EPA Form 8700-13A(5-80) (Revised 11-83)

Warren L. Hull

Print/Type Name

V. P. of Mfg.

Title

Page 1 of 3

Date Signed

### LNVIRONMENTAL PROTECTION A. NC'.

### Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:	Rec'd by:	
VIII. GENERATOR'S	S EPA I.D. NO.	
[G M N D 0 9 2]		
X. FACILITY'S EPA	I.D. NO.	
F W I D 9 9 0	8 2 9 4 7 5	

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Waste Research & Reclamation

XI. FACILITY ADDRESS

Route 7 Eau Claire, WI 54701

XII. TRANSPORTATION SERVICES USED

Waste Research & Reclamation

WID990829475

XIII. W	45	TE IDENTIFICATION	TOP	C. EPA Hazardous	E. Unit of Measure
Sequence #	Line	A. Description of Waste	B. DOT Hazard code	Waste No. (see instructions)  D. Amount of Waste	E. U Mea
<b>29</b> 32	1	Methylene Chloride	1 <sub>1</sub> 3 33 34	F <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 2	P 60 _
	2	Flammable Paint Solvent 504 Containing Toluene & Xylene X/L	0   8		P
	3	Cleaning Solvent Containing Mineral Spirits	0 1	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	P
	4				
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	8				ā
	9				
	10				
	11				
	12				

XIV. COMMENTS (enter information by section number—see instructions)

Tear out here

Do not make entries in shaded areas

### ENVIRONMENTAL PROTECTIO GEN

### Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:	Rec'd by:
VIII. GENERATOR'	S EPA I.D. NO.
G   M   N   D   0   9   2   1 2	10/10/2 (100)
X. FACILITY'S EPA	I.D. NO.
16	28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

XI. FACILITY ADDRESS

XII. TRANSPORTATION SERVICES USED

Tear out here

XIII. WA	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29 32	Methylene Chloride		F O O 2   1   1   35   38   39   42   43   46   47   50	1 1 1 1 2 5 0 0	Р 60
2	Flammable Paint Solvent Containing Toluene & Xylene	0 8	D   O   O   1	1   1   2 0 0 0	P
3					
1 1 1					
1 1 1 5					
6		1			
7					
3				_	
9					
1					
1 1 1	1				
1 1 1	2				

XIV. COMMENTS (enter information by section number-see instructions)

1983 Generated - Stored On-Site less than 90 Days as of December 31, 1983.



A Division of White Consolidated Industries, Inc.

J. R. WOIT
VICE PRESIDENT FINANCE

July 20, 1982

Regional Administrator
U.S. Environmental Protection Agency
Attn: RCRA Financial Requirements
Box A3587
Chicago, Illinois 60690-3587

Attention: Thomas B. Golz

Dear Mr. Golz:

Franklin Manufacturing Company is classified as a hazardous waste storage facility due to its retention of waste materials pending disposal. The total disposal cost of the maximum material stored on-site is \$6,200.

Franklin Manufacturing Company is a division of White Consolidated Industries, Inc. and we are submitting a copy of the annual report and the form 10K for White Consolidated Industries for the year ended December 31, 1981 as the financial instruments attesting to financial responsibility as required by the federal interim status standards.

Sincerely,

JRW:cag

Enclosures